

**UNITED STATES DISTRICT COURT**  
for the  
**Eastern District of Texas**

PANTAUROS LLC

卷之三

*Plaintiff(s)*

V.

MORGAN STANLEY

Civil Action No. 1:14-cv-448

*Defendant(s)*

## **SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* MORGAN STANLEY  
c/o THE CORPORATION TRUST COMPANY  
CORPORATION TRUST CENTER  
1209 ORANGE STREET  
WILMINGTON, DE 19801

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Craig Tadlock

**Tadlock Law Firm PLLC**  
2701 Dallas Parkway, Suite 360  
Plano, TX 75093

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date:

9/4/14



**Signature of Clerk or Deputy Clerk**

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 1:14-cv-448

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) MORGAN STANLEY  
was received by me on (date) 09/09/2014.

- I personally served the summons on the individual at (place) \_\_\_\_\_  
on (date) \_\_\_\_\_; or
- I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or
- I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
on (date) \_\_\_\_\_; or
- I returned the summons unexecuted because \_\_\_\_\_; or
- Other (specify): Delivered to its' Registered Agent, The Corporation Trust Company, by Certified Mail,  
Return Receipt Requested, at 1209 Orange Street, Wilmington, DE 19801, on September  
16, 2014. PS Form 3811 signed for by Authorized Agent, Amy McLaren, is attached to this  
proof.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 09/30/2014

Dwight D. Mullen  
*Server's signature*

Dwight D. Mullen-Texas Process Server-SCH912, Exp 07/31/17  
*Printed name and title*

5470 LBJ Freeway, Suite 100  
Dallas, TX 75240

*Server's address*

Additional information regarding attempted service, etc:

**FILED**  
U.S. DISTRICT COURT  
EASTERN DISTRICT OF TEXAS

OCT 20 2014

DAVID J. MALAND, CLERK  
BY  
REPUTY

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <i>Amy McLaren</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <b>SEP 16 2014</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to:  <hr/> <p>MORGAN STANLEY C/O THE CORPORATION TRUST COMPANY 1209 ORANGE STREET WILMINGTON DE 19801</p> <hr/>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<hr/> <p>2011 2000 0000 8088 6814</p> <hr/>		<p>252-0597</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540